

## TICOR TITLE INSURANCE

| AFI   | IDAVII  | 806            |  |  |  |
|---|---|----------------|--|--|--|
| STATE OF INDIANA)   |   | CO CO          |  |  |  |
| ) SS:<br>COUNTY OF LAKE )   |   | 790            |  |  |  |
| COUNTY OF LAKE Y  |   | 0              |  |  |  |
| Mary Oleksik  | , being first   | duly           |  |  |  |
| swarn upon oath, deposes and says                                   | •   |                |  |  |  |
| 1. That John Oleksik Jr.  | died or   |                |  |  |  |
| November 21,  | , 1992 at St. Anthony Home Crown Point, In                              | · ·            |  |  |  |
| 2. That   | and Mary Oleksik  | 99<br>⊞<br>S   |  |  |  |
| were duly and legally married at: wife to the following described r | the time they acquired title as himbers and estate:                     |                |  |  |  |
| Lot 21, in Block 14, Meadow   | eal estate: wdale Subdivision, as per plat                              | thereof        |  |  |  |
| Recorded inPlat Book 31, pa<br>of Lake County, Indiana,             | age 52, in the Office of the Re   | 人 <b>初-</b> 人是 |  |  |  |
| of Tane Council, and O.L.   |   |                |  |  |  |
| This Docum  | nent is the property of   | 9: 00<br>0 0   |  |  |  |
|   | County Recorder!  | 9              |  |  |  |
|   |   |                |  |  |  |
|   | which existed between them at the te remained in effect and unbroken un |                |  |  |  |
| date of (his) (her) death.  |   | STI CHC        |  |  |  |
| 4. That all funeral expenses in o                                   | connection with the death of said dea                                   | redont         |  |  |  |
| have been paid in full.   |   |                |  |  |  |
| 5. That all of the assets of said                                   | d decedent which would be includable                                    | for            |  |  |  |
| rederal Estate Tax purposes, inclu                                  | uding joint bank accounts and life                                      | isurance       |  |  |  |
| lax.  | tient to necessitate payment of Federal                                 | rai Estate     |  |  |  |
| Further affiant caveth not  |   |                |  |  |  |
| Further affiant sayeth not.   | SEAL !  |                |  |  |  |
|   | WOJANA JUNE   | ,              |  |  |  |
|   |   | Q = A          |  |  |  |
|   | XITANHAJAHI NAMAHA  | HAMILIA        |  |  |  |
| Subscribed and sworn to before me,                                  | a Notary Public, this 22  | day of         |  |  |  |
| OCTOBER , 1999  |   |                |  |  |  |
|   |   |                |  |  |  |
|   |   |                |  |  |  |
|   | On Was A  | LILL PILL      |  |  |  |
|   | A BARRICA I PARILLE LA              | AVAID TO THE   |  |  |  |
| // <sup>*</sup> /*  | NOTARY NOTARY   | k.hd.h.i/c/ \  |  |  |  |
| My Commission expires:  | XP. 10/2/01   | (111)          |  |  |  |
| 02-01 1012219191  | Janes Daniel  | NOTARY PUBLIC  |  |  |  |
| (Z)   | COUNTY PHILIP EARECD  | HOTAKI LODUIC  |  |  |  |
| ANALIAL AL LIPSTRELLES!   | ZUUN I V  |                |  |  |  |

This Instrument prepared by MARY OLEKSIK. PETER BENJAMIN LAKE COUNTY AUDITOR

001768

TICOR M/O 099206877

LAKE

11.06 E.P.

10TAL P.02

OCT 27 1999

| Local No          | 7440-93  |                                       | CERT                                   |  | E OF DE                  |                                     | _                              | e No.            | ••••••   |  |
|-------------------|--|---------------------------------------|--|--|--------------------------|-------------------------------------|--------------------------------|------------------|--|--|
| TYPE/PRINT IN     | 1 DECEASED—NAME (FIRE M<br>JOHN  | W. 0                                  | OLEKSIK,                               |  |                          | 2 SEX<br>Male                       | 3a. TIME OF DE<br>1:30 A       | A <sub>M</sub> N | so date of death (mo<br>November 2)              | 1, 1992  |
| PERMANENT         | 4. SOCIAL SECURITY NUMBER  | · (Years)                             | Mo                                     | UNDER I YEAR                                 |                          | lia. dan                            | E OF BIRTH (Ma. Dey. Yr)       | I                | INTHPLACE (City and Str                          |  |
| BLACK INK         | 210-05-7495  | 74                                    | 4                                      |  | CRAP TO                  | Augus                               | st 28, 1918                    |                  |  | ennsylvania  |
|                   | 86 WAS DECEDENT<br>A U.S. VETERAN?   | 86 YEAR LAST SERVE<br>U.S ARMED FORCE |  | TAL: Inpetier                                |                          |                                     | CE OF DEATH (Check only        |                  |  |  |
|                   | Yes  | 1946                                  | 100                                    |  | ient<br>Jutpatient 🔲 DOA | I                                   | OTHER: XX Nursing Hom          | M LI 0€          | ther (Specify)                                   |  |
|                   | 9b. FACILITY NAME (If not income   |                                       | <i>m</i>                               |  |                          |                                     | OR LOCATION OF DEATH           | /н /             | 84 COUNTY OF DEATH                               | н  |
| DECEDENT          | St. Anthony H  | •                                     |  |  |                          | Crown P                             | Point                          |                  | Lake   |  |
| 1                 | 10. MARITAL STATUS   | 11. SURVIVING SPOUS                   | 5E                                     | T  |                          |                                     | UPATION (Give kind of wo       | ork 12           | th. KIND OF BUSINESS/                            | /INDUSTRY  |
| ļ                 | Married  | Mary March                            | neme)                                  |  | Bricklay                 | nost of working =<br>iver           | life Do not use retirear       |                  | U.S. Steel                                       | 1  |
| ļ                 | 130 RESIDENCE-STATE  | 13b. COUNTY                           |  | ITY, TOWN, OR LO                             |                          |                                     | 13d. STREET AND I              |                  |  | <del></del>  |
| •                 | Indiana  | Lake                                  | M                                      | errilly:                                     | ville                    |                                     | 1210 We                        | est 5            | 57th Avenue                                      | e  |
| ļ                 | 13e. ZIP CODE 13f. INSIDE CI   | ITY LIMITS 14. CITIZEN                |  |  | OF HISPANIC ORIG         | IGIN? 16                            | 8. RACE—American Indian.       |                  | 17. DECEDENT'S                                   | 'S EDUCATION                                       |
| ĺ                 | ☐ No 〕   | XX Yee WHAT C                         |  | Mexican, Puerto Rici                         |                          | ofly Cuben.                         | Black, White etc.<br>(Specify) |                  | (Specify only highes<br>sentery/Secondary (0-12) | st grade completed)                                |
|                   | 46410 KKNo I   | U.S.A                                 | NO                                     | LO   | PA PA                    |                                     | White                          |                  | 12   |  |
| PARENTS           | 18. FATHER'S NAME (First Middle  |                                       | 140                                    |  |                          | 19 MOTHERS N                        | NAME (First Middle, Molde      | en Surnemi       | a)   |  |
| F (51) 100        | John Oleksik,  |                                       | s Doc                                  | umen   |                          |                                     | Bajus                          | £                |  |  |
| INFORMANT         | 20s. INFORMANTS NAME (Type   | na/Pryniö                             |  |  | ADDRESS (Street          | et and Number or I                  | r Rurel Route Number, City (   |                  |  | . Relationship                                     |
| H11               | Mary Oleksik   |                                       | the La                                 | 1210 W                                       | A.U57th                  | Ave.ÇO                              | Merrillvill                    | le, I            | IN 46410 W1                                      | ife  |
| l                 | 21a. METHOD OF DISPOSITION   | Entombment                            |  | ATE AND PLACE (                              | OF DISPOSITION           | N (Name of cemet                    | etery, gremetory, er           |                  | OCATION—City or Town                             | n, State   |
| ·                 | KK Buriel  | ☐ Removel from State                  |  |  | ovember                  |                                     |                                |                  |  |  |
|                   | ☐ Donetion ☐ Other (Spec   | city)                                 | - 1                                    |  | Park Ce                  |                                     |                                | Me               | rrillville                                       | e, Indiana   |
| DISPOSITION       | 22a EMBALMERS NAME:  |                                       |  | IS. EMBALMER'S L                             |                          |                                     | 23. WAS DEATH REPO             |                  |  |  |
| DIOP COLLEGE      | Charles W. We  | lls                                   |  | 10423  | 72                       |                                     | XX No 🗆                        | Yes              |  |  |
| 1                 | 24s. SIGNATURE OF FUNERAL D  |                                       | 7                                      |  | CENSE NUMBER             |                                     | NAME, ADDRESS, AND U           |                  |  |  |
|                   | 1 hours  | Di                                    | 2 in                                   | 100  | of Licensee)<br>009893   | PR 63                               | RUZIN BROS.<br>360 Broadwa     | . FUN            | <mark>ve</mark> ral servi                        | ICE #3002453<br>le, IN 4641                        |
| <b>A</b> P        | 26. PART L CONCUS PROCES  DEATH OF FILL  IMMEDIATE DISCUSSION FILL  disease or condition II DEPT,  resulting in death)   | UPY OF THE CERT                       | that caused the dicase on each line    | CONSEQUENCE                                  | r nonepecific terms      | live                                | ed or resourctory              |                  |  | Approximete<br>Interval Between<br>Onset and Death |
| CAUSE OF<br>DEATH | 1  | , -                                   |  |  |                          |                                     |                                |                  |  |  |
| DEATH.            | Conditions, if any, which gave rise to the immediate causely ()  |                                       | DUE TO (OR AS A (                      | CONSEQUENCE                                  | OFF                      | DE                                  |                                |                  |  |  |
| l                 | stating the underlying cause last  |                                       | DUE TO (OR AS A (                      | CONSEQUENCE                                  | E OF)                    |                                     |                                | /                |  |  |
| ĺ                 | <b>.</b>   | 4                                     |  | E .  | SEAV.                    | 3                                   |                                |                  |  |  |
|                   | DADY W Continent contine   | out - Canding 18 contributing         | so stand but not pr                    | revenuely stated to                          | WHIAN                    | DECEDE                              | NT 28s. WAS                    | ANI ALITO        | nes were /                                       | AUTOPSY FINDINGS                                   |
| !                 | The state of the s | MATT.                                 | 10 October 1000                        | Williamy Guille                              | Tunni.                   | WAS DECEDEN'<br>PREGNANT OR         | M 90 DAYS PERFO                | OFMED?           | AVAILAI  | IBLE PRIOR TO                                      |
| İ                 | LAKE COUNTY HE   | AND VIEW THE THE                      | di di                                  |  | 6                        | POSTPARTUM?                         |                                | -                | COMPLE   | ETION OF CAUSE<br>(THT (Yee or no)                 |
| ĺ                 | יייי אנו   | ALTH COLL                             | •                                      |  |                          |                                     | No                             | No               | •  | The trade or year                                  |
| ĺ                 | 29e CERTIFIER XX   | CERTIFYING PHYSICIAN                  | Elfo the best of m                     | Lanuladae, deef                              | - annurad at the F       |                                     | form and due to the cause(     | 'a' as stater    |  |  |
|                   | (Check only  | HEALTH OFFICER On the                 | •                                      |  |                          |                                     |                                |                  |  | <b></b>  |
| ĺ                 |  | CORONER On the besis of               |  |  |                          |                                     |                                |                  |  |  |
| CERTIFIER         | 296. SIGNATURE AND TITLE OF  |                                       | by in                                  |  | і ту ортноп, чесь.       | OCCUPTOR OF E-                      | 29c. MEDICAL LICENS 01031667   | ISE NO.          | 29d , DAJE SIC                                   | Stated. ONTO (Month, Day, Year)                    |
| 1                 | 30 NAME AND ADDRESS OF PE  | TO COLUMN STEE                        | CALIES OF DEA                          | TU NTELL OR) (Tr                             | @A                       |                                     | 0103100.                       |                  |  | t t  |
| ļ                 |  |                                       |  | ••   |                          | 1. Dog                              | d, Merrillv                    | -4112            | . IN 4641  | 10   |
| 1                 | Pimpa J. Ta  |                                       | 7 10                                   | 1 /35  |                          | Te voar                             | 1, Mellili                     | /1116            |  | <del></del>  |
| HEALTH            | 31 HEALTH OFFICER'S SIGNATU  | URE / ) He of and                     | L.XX                                   | /Zina]                                       | ) mD                     |                                     |                                |                  |  | ED (Month, Day, Year)                              |
| OFFICER           |  | Mayou                                 | MHIM                                   |  |                          |                                     |                                |                  |  | 23, 1992   |
| !                 | 33 MANNER OF DEATH   | 34e DATE (                            | OF INJURY                              | 345 TIME OF<br>INJURY                        | 34c. INJUR               | JRY AT WORK? <sup>1</sup><br>or no) | 348 DESCHIBE                   | IUW INJU         | MFDCCURRED                                       |  |
|                   | □ Netural □ Pending  | ******                                | Dey, 1 a                               | i moon.                                      | 11000                    |                                     |                                |                  |  |  |
|                   | Netural Pending Investigatio   | an                                    |  | <u>.                                    </u> |                          |                                     | LOCATION (Street and N         | 1666             | A  |  |
| CORONER           | Accident  Suicide Could not I  |                                       | E OF INJURY—AI ho<br>g. etc. (Specify) | nome, farm, street,                          | , factory, office        | 341. 1                              | LOCATION (Street and N         | A TOTAL          | Aural Route Number, City                         | or Town, State)                                    |
| USE ONLY          | Determined Determined  |                                       | . BIG. Vispoury .                      |  |                          |                                     |                                |                  |  |  |
|                   | L PETER RENIAMIN   |                                       |  |  |                          |                                     |                                |                  |  |  |
| ŀ                 | 349 DATE PRONOUNCED DEAD   | J (Month. Day, Year) 34               | A MOTOR VEHICL                         | LE ACCIDENT?                                 | (Yes or no) If yes       | A Specify CTAV                      | KECOUNTY                       | AUL              | TOR  |  |
|                   | 349 DATE PRONOUNCED DEAD (Month Day, Year)  34h MOTOR VEHICLE ACCIDENT? (Year or no) If year apochy CTAKE COUNTY AUDITOR   |                                       |  |  |                          |                                     |                                |                  |  |  |

DEA CERT/PO I

State Form 10110 (R2/3-89)